



GUARDIAN OF PUBLIC HEALTH UPDATE

November 30, 2007

Preparedness and Planning

MDCH Bureau of Laboratories Celebrates November as Preparedness Month

The Michigan Department of Community Health's (MDCH) Bureau of Laboratories declared November as Preparedness Month. The month kicked off with "Family Preparedness" week that included a presentation on preparing the family for emergencies and the start of a family emergency kit competition. The second week of November's theme was "Being Prepared at Work". Activities were based on response systems in place at MDCH. Staff attended presentations and a drill on using the Michigan Health Alert Network. Employees received participation points for updating and verifying their MIHAN alert profiles. The theme for week three was "Continuity of Operations" (COOP). The lab learned about COOP and disaster mental health activities in Michigan. The last week centered on MDCH and the Bureau of Laboratories' role in emergency response. Various speakers addressed the laboratory's role in biological emergencies, pandemic influenza, and chemical emergencies. A scenario-based presentation linked the MDCH emergency response systems to a possible event. Each day laboratory staff received a "Preparedness Tip of the Day" via email. Weekly puzzles, games, and a family preparedness kit competition added a bit of fun to the serious month-long celebration. For more information on the MDCH Bureau of Laboratories, please [visit their website](#).

Public Health Emergency Response Guide

The U.S. Department of Health and Human Services announced the release of Public Health Emergency Response: [*A Guide for Leaders and Responders*](#). This guide provides information on public health emergencies that addresses the unique needs of first responders (e.g., police, fire, EMS) and public officials (e.g., mayors, governors, county executives, emergency managers). Hard copies of the guide will be distributed within the next month to first responders and public officials nationwide, as well as key federal, state, and local public health communicators. Additional copies can be ordered by calling (240) 629-3180.



Plan to Strengthen, Update Food Safety Efforts

The U.S. Department of Health and Human Services announced a comprehensive initiative by the Food and Drug Administration designed to bolster efforts to better protect the nation's food supply. The [*Food Protection Plan*](#) proposes the use of science and a risk-based approach to ensure the safety of domestic and imported foods eaten by American consumers.

News

Wildfire Responder Tells Story

In October 2007, wildfires ravaged California. Ms. Sherry Miller, Director of Michigan 211, was one of the emergency responders. She offers her insight and comments about her experience. Please see [page 3](#) for more information.

Wild Birds Won't Bring Bird Flu

A recent study suggests that wild birds do not carry H5N1 avian influenza between Eurasia and North America. See [page 5](#) for more details.

Schools' Pandemic Planning Workbook Is Released

The new pandemic planning workbook is now available online! Updates include new resources and fact sheets, a new easier-to-use design, and planning materials that will help start the pandemic planning process in schools. See [page 5](#) for more information.

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Read the Next *Guardian* Issue:
December 14, 2007

Natural Hazards Center Announces New Online Publication

The Natural Hazards Center released its *Research Digest*, a quarterly online compilation of recent research related to hazards and disasters. It provides the complete references and abstracts (when available) for current research in the field. The aim of Research Digest is to advance and communicate knowledge on hazard mitigation and disaster preparedness, response, and recovery within an all-hazards, interdisciplinary framework.

Disaster Planning Templates

Community Health Centers wishing to initiate disaster-planning programs may find these tools provide them a "jump-start". For clinics that have already developed an emergency management program, the templates may provide useful resources to refine or extend their programs.

- *Community Health Center Emergency Operation Plan*: The purpose of this template is to assist community clinics and health centers to develop and maintain an emergency management program to guide their response to all emergencies. The template is in a "fill-in the blank" format and includes planning language, procedures, policies, and forms needed to create a comprehensive plan.
- *Primary Care Association Bioterrorism and Emergency Management*: This site includes a hazardous assessment tool and standard operating procedures for biological agents, bomb threats, cyber attacks, fire response, tornadoes and violence in the workplace.
- *Hospital and Primary Care Association Tabletop Toolkit 2004*: These materials were tested in 10 hospitals and 5 primary care centers in New York City and served as an important resource for staff training and a method to evaluate facility preparedness involving five biological agents.
- *Personal Protective Equipment in the Healthcare Setting*

Study Evaluates Health Threat Posed by Urban Nuclear Attack

A recent study published in the journal *Disaster Medicine and Public Health Preparedness* suggests that cities must increase their preparedness for nuclear attacks. Researchers analyzed the expected impact of 20- and 550-kiloton nuclear detonations in Los Angeles and Houston. Using prediction models, the researchers determined that a 550-kiloton attack would result in 786,000 burn victims in Los Angeles with a 23% survival rate. In Houston, the model suggests 257,579 burn victims with a similar survival rate. In light of the potential for such catastrophic health challenges, the authors recommend cities to train more medical personnel in burn care and pre-position narcotics stockpiles for use in mass burn treatment efforts. In addition, they call on cities to ensure preparedness plans address the shelter, food, water, clothing, basic health care and safety needs of displaced populations and to create regional mobilization systems designed to transport medical resources and personnel in the event of a major disaster. *Disaster Medicine and Public Health Preparedness* is a [members' only website](#).



Help Communities Boost Disaster Preparedness

A recent study in the *International Journal of Emergency Management* suggests that the nation's federal and state governments should help local communities prepare for a range of large-scale disasters. In analyzing local and federal response efforts, researchers analyzed 902 disaster declarations over the last twenty-five years. The researchers suggest that government officials and local citizens collaborate to tailor disaster preparedness programs locally to ensure that initial response efforts efficiently and effectively meet community needs.

To this end, they call on federal and state governments to support programs that foster such collaboration and advise local governments to encourage community participation in disaster exercises and planning, and demonstrate a commitment to community disaster preparedness. The *International Journal of Emergency Management* is a [members' only website](#).

Wildfire Responder Tells Story

On October 24, President Bush declared San Diego County (California) a federal disaster area. The [United Way of America \(UWA\)](#) / Alliance of Information and Referral Systems 211 Disaster Response Team (DRT) was formed in 2006 to respond to 211 Call Centers impacted by disaster. The 22-member team brings together individuals with specific skill sets such as volunteer management, information technology, and logistics. On October 25, Ms. Sherry Miller, Michigan's 211 Director and a member of the DRT, arrived at San Diego airport. "The smell of smoke hit me as I left the terminal," she recalled. Further notes from Ms. Miller's experience are excerpted below...

San Diego's 211 had been plagued with problems since the disaster occurred. The disaster call center was in a large, hot room with tables and chairs, about sixty telephones, but no computers. As of October 26, the call center was receiving 30,000 calls per day, a thousand times the call center's normal capacity. The most frequent questions answered by call center operators were "Can I go home?" and "How do I get there?"



Volunteers from all over the country would arrive fifty-at-a-time to work a four-hour shift. The volunteers would receive fifteen minutes of training and then take to the phones. Each of the call center operators had a resource notebook that was being constantly updated. On October 27, a Michigan-rooted foundation wrote and installed software for use in the call center. This was one of many examples of generosity: a local bank extended a substantial line of credit to 211, businesses supplied (and later decided to permanently donate) over fifty computers, local restaurants donated food for volunteers around the clock, local and county government supplied laptops and assigned their staff to answer phones. By October



28, the call volume had decreased and many of the DRT were able to demobilize. On Monday (October 29) the DRT members agreed to an exit strategy timeline in writing and started to transition tasks back to 211 San Diego staff. By October 30, the call volume had decreased to about 2700 calls per day. Callers now wanted to know "How do I get back my home, my business, and my life?" In a seven-day period, the call

center handled over 120,000 calls, over 1700 volunteers came through the doors, and the volunteers provided over 7,000 hours of service. The lessons reinforced were:

- Importance and value of collaboration
- Have an emergency plan developed and use it
- Know when to ask for help
- Develop strong relationship with local volunteer centers
- Use the opportunity to showcase 211 as the public information source it was intended to be

- People in the community want to help and need to be asked
- Understand the demands that will be placed on the facility and plan for it (plumbing, air conditioning, office supplies, etc.)
- Value of daily team / staff briefings

At the end of the experience, it was easy to understand why the San Diego call center will continue their success. They were prepared and had the support of their community. United Way was there from the onset ensuring that 211 San Diego callers can access information and referral information, not only in emergencies, but each and every day.

Ms. Miller would like to specially thank the Michigan Association of United Ways in supporting the United Way of America / Alliance of Information and Referral Systems 211 Disaster Response Team for authorizing her participation. Michigan's Office of Public Health Preparedness continues to actively partner and promote Michigan 211 in its emergency response plans and protocols.

Communications

Using Existing Call Centers for Public Health Emergencies

On October 26, the Department of Health and Human Services (HHS) released a guide to help communities retool their health-related call centers into systems for meeting the needs of the public in homes or shelters during emergencies such as a pandemic or bioterrorist attack. Published by the HHS Agency for Healthcare Research and Quality (AHRQ), the [*Adapting Community Call Centers for Crisis Support: A Model for Home-based Care and Monitoring*](#) 224-page guide is aimed at boosting the capabilities of poison-control centers, nurse advice lines, drug information centers, and health agency hotlines. It focuses on four main scenarios: anthrax attacks, pandemic influenza, plague, and food contamination.

SOPHE Resources Are Online

In the May/June 2007 issue of the Society of Public Health Education's (SOPHE) newsletter, a special four-page insert focused on [Emergency Health Education and Communication](#). This primer for health educators includes a message from SOPHE's president, a background on crisis and emergency risk communication, various links to relevant public health preparedness programs and resources, and more. In addition, SOPHE's webinar series is now available in archived versions on their website. The two events most applicable to public health are "[The Role of Health Educators in Responding to Public Health Emergencies](#)" and "[Reaching out to Vulnerable Populations During Public Health Emergencies](#)". These webinars have been



approved for up to 1.5 continuing education contact hours each for certified health education specialists.

Preparedness Minute Videos

These [video clips](#) describe actions you can take during emergency situations, whether you are at home or at work. Topics covered include: generator safety, staying warm, general preparedness, and general stress.

\$5,000 Offered for Funniest Disaster Preparedness Video

The Emergency Preparedness Institute and the International Association of Emergency Managers, Student Region, announced the launch of a national

contest to find [America's Funniest Emergency Preparedness Video](#). The contest is part of a campaign to explore new and innovative approaches to get the public interested and involved in emergency preparedness. The initiative, called "The Lighter Side of Disasters", is inviting contestants to submit their videos online to be judged by peers and the general public. A panel of certified Emergency Managers and media professionals will select the finalists. The contestant who submits the winning video will receive a \$5,000 prize. The initiative evolved from numerous studies and surveys indicating that the public is only marginally responsive to traditional emergency preparedness messages. The campaign hopes to discover a new and more effective way to communicate an old but increasingly important message.

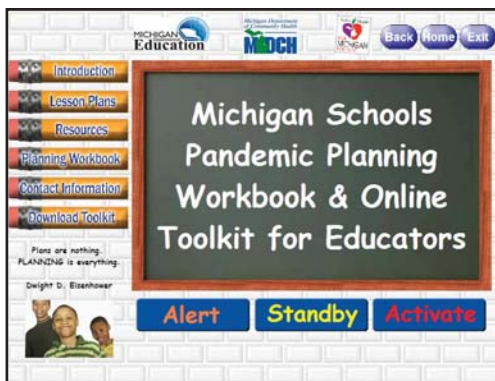
Surveillance

Study Says Wild Birds Unlikely to Bring H5N1 to Americas

An [analysis](#) of influenza viruses collected from North American migratory birds over a six-year period suggests that wild birds rarely carry avian flu viruses between Eurasia and North America, implying that the risk of the deadly H5N1 virus reaching the Americas by that route is probably low. The researchers say the highly pathogenic H5N1 virus has a better chance of reaching the western hemisphere via birds moved by humans than via wild birds.

Pandemic Planning

Michigan Schools' Pandemic Planning Workbook & Online Toolkit for Educators – 2007



The new pandemic planning workbook is now available online! Updates include new resources and fact sheets, a new easier-to-use design, and planning materials that will help start the pandemic planning process in schools. Thanks to the Michigan Departments of Community Health and Education, Saline Area Schools, and Oakland County Health Division that helped make this possible. You can access the [2007 Toolkit for Educators](#) online.

Intergovernmental Meeting on Pandemic Influenza Preparedness

On November 20, an intergovernmental meeting discussed pandemic influenza preparedness. The World Health Organization sponsored the four-day meeting to talk about progress in strengthening procedures for sharing influenza virus samples, as well as increasing access to vaccines. [More information on the meeting](#) is available online.

Oseltamivir Reduces Mortality in Patients Hospitalized with Influenza

Researchers from Toronto Medical Laboratories and Mount Sinai Hospital, University of Toronto, and University Health Network, Toronto, Canada conducted a prospective cohort study to assess the impact of antiviral

therapy on outcomes of patients hospitalized with influenza in southern Ontario, Canada. [Details of the study](#) are available online.

Pandemic Preparedness for Parents

[ReadyMoms.org](#) is a website dedicated to preparing families for a pandemic. This website came from mothers who wanted to do more and empower other families to prepare for emergencies. It also gives parents a place to discuss options with others that have already started the process.

Regional News

National Incident Management System (NIMS) Training

Up until this year, the various NIMS courses required for those in the emergency preparedness community have been readily accessible through on-line offerings from FEMA. The NIMS-required courses for those in the higher emergency preparedness echelons (IS-300 & IS-400) require classroom presentation, making access to them a bit more challenging. Thanks to the Michigan State Police's train-the-trainer course last spring, Robert Hale, one of our regional BT preparedness staff members, qualified to lead these courses. Hale, assisted by other regional BT preparedness staff members, presented IS-300 & 400 in a local public health context during the summer and in a hospital context in the fall, with the additional assistance of Christine Varda of Borgess Medical Center.

Between these two offerings, the Region 5 bioterrorism preparedness staff, with the assistance of Allegan County's Emergency Preparedness Coordinator presented the courses to the MDCH/OPHP staff, enabling them to satisfy this NIMS compliance requirement.

Mr. Hale will again be presenting the 300/400 courses in an emergency management context during December in Kalamazoo and will offer the courses tailored to EMS practitioners in spring 2008. Regional BT preparedness staff involved in teaching the advanced NIMS courses have benefited from their presentations to non-healthcare constituencies by gaining a better understanding of the priorities and concerns discussed by those from the other preparedness areas.

MI-TESA II

In addition to the original MI-TESA I (Transportable Emergency Surge Assistance medical unit) assigned to Region 2 South, MDCH/OPHP was able to expand the TESA resource in Michigan through the creation of a second TESA system (MI-TESA II) on the west side of the state – in Region 5. The Region 5 version is a scaled-down assembly of six 19' x 35' tent systems and is designed to function separately or in conjunction with Region 2-South's 100 bed TESA unit.



Because of the scaled-down design, Region 5 was able to configure the system in trailer-deployable units, providing for the deployment of one to six tents, based on the size and complexity of the event. The original Region 5 TESA

configuration was intended to accommodate up to 25 patients. By designing the trailers to function as working space for system administration, supply and equipment storage, or even to house additional patients, Region 5 has been able to nearly double the original patient capacity at minimal additional cost.

On November 1 and 2, MI-TESA II was set up for the first time in a combined training and exercise event in Kalamazoo. Region 5 staff, our partners from Region 5 hospitals, EMS agencies, emergency management programs, local public health departments, as well as representatives from OPHP and Regions 1, 2-South, and 6 were all participants in the exercise. A representative from



TESA's manufacturer, Western Shelter, was present to provide guidance as we worked through Michigan's inaugural TESA exercise. The event made all 47 participants true believers in the concepts of teamwork and synergy! The success of the exercise reinforced the interdependence and close working relationship that exists between the local public health, emergency management, and healthcare entities in the region.

During the coming months, we will be working with OPHP and Region 2-South staff to finalize the TESA concept of operations, deployment policies and procedures, training program modules, and exercising plan. As with our November TESA exercise, Region 5 invites interested parties from Michigan's other preparedness regions to participate in Region 5's future MI-TESA exercises and training.

Other News

Emergent's Contract for Vaccine Canceled

Emergent BioSolutions Inc. will not get a Department of Defense contract this year for more doses of its Lansing-made anthrax vaccine. The Defense Department has canceled a request for proposals for more of the vaccine. Instead, the department is expected to develop a partnership with the Department of Health & Human Services - the other major buyer of the vaccine - to use HHS' stockpile before it expires. HHS has said such a shared supply would more likely save about \$25 million. Some legal issues also may have to be resolved before the two departments can share the vaccine. Auditors from the Government Accountability Office said less of the vaccine would be wasted if the military used older batches of the HHS supply for its active immunization program instead of buying new batches.

Excerpted from Jeremy W. Steele / Lansing State Journal

California Fire Victims Can Receive Free Flu Vaccine

Thanks to donations by an informal coalition of healthcare companies, the [American Lung Association of California](#) will schedule clinics where people affected by recent fires can receive a flu vaccine free of charge. About 14,000 doses have been offered to California's fire-affected counties, and the Lung Association is working with the donors and county health departments to schedule clinics in mid-November. The poor air quality due to Southern California's devastating wildfires brings into sharp focus the importance of respiratory health.

Police Officer Sues over Inadequate Bird Flu Training and Gear

After guarding a Welsh chicken farm struck by H7N2 avian influenza in May, a police officer filed suit against the North Wales Police over inadequate training and protective gear. Police officers restricted the farm owners' movement, but

took them supplies from friends and family. Police officers wore their usual uniforms, while public health officials visiting the site wore full personal protective equipment. Soon after visiting the farm, the officer who eventually filed suit reported flu-like symptoms, as did two of his family members. Public health officials have not yet completed all tests to diagnose the illness. The officer has demanded compensation for inadequate training on how to handle an avian influenza outbreak and has claimed that the North Wales Police failed to provide him with protective gear.

Training & Education

New Environmental Public Health Disaster Management Program

Tulane University's School of Public Health and Tropical Medicine has launched a comprehensive program in environmental disaster management, including a Master of Public Health track (offered both on-site and through distance learning), a Doctor of Public Health track, and a distance learning certificate track. Students in all three areas will learn how to prepare for, detect, respond to, contain, and recover from both natural and manmade disasters, using population-based interventions based on public health science, policy, and practice. For more information on the new program, [view this document](#) or call (504) 988-5374.

Date/Time	Event	Location
Dec. 6, 2007 1-2:30pm	Mass Antibiotic Dispensing: Taking Care of Business This broadcast will focus on the development of these public-private partnerships. Panelists will discuss methods for locating and reaching-out to businesses and identify significant challenges, possible solutions, and opportunities involved in this type of community outreach. In addition, business leaders and public health professionals will share their experiences in forming these partnerships.	OPHP * Library (517) 355-8150
Dec. 13, 2007	Surveillance of Vaccine-Preventable Diseases This course provides guidelines for vaccine-preventable disease surveillance, case investigation, and outbreak control. Registration will open closer to the course date.	Webcast
Feb. 28-29, 2008 Mar. 5-6, 2008	Basic Public Information Officers' Workshop This is a two-day workshop for entry-level or less experienced disaster Public Information Officers and staff, emphasizing the skills needed to manage crisis information in emergency and disaster events. Topics include responsibilities of a Public Information Officer in disasters, effective media interviews, crisis information planning, and Joint Information Center (JIC) management. More information forthcoming.	Gaylord Lansing
Apr. 22-24, 2008	Great Lakes Homeland Security Conference Save the Date! More details will follow.	DeVos Center 303 Monroe Ave. NW Grand Rapids, MI 49503 T: (616) 742-6500

Date/Time	Event	Location
Mar. 3-4, 2008	National Hospital Emergency Preparedness Conference The conference will provide information on the new Joint Commission standards, the new NIOSH requirements, how the federal funding stream works, the role of the corporate office in the midst of a crisis, and how to handle staff behavioral health support. CME, ANCC Contact hours and ACEH credits are offered. For more information, call Ms. Lisa Rizzolo at (202) 877-7453.	
May 19-22, 2008	Effective Managing Transit Emergencies This course will provide information on understanding the importance, purpose, development, and implementation of emergency management and how it relates to the other safety functions of a transit system. Participants will learn how to better understand the emergency management concept and the role of the transit system in responding to emergency/disaster situations in both the community and transit system. Materials fee is \$55.	Grand Rapids, MI
Jun. 12, 2008	Behavioral Mental Health Conference Save the Date! More details to follow.	Lansing Center 333 E. Michigan Ave. Lansing, MI 48933 T: (517) 483-7400
Jul. 8-10, 2008	Great Lakes Border Health Initiative Conference Save the Date! For more information, view the announcement flyer .	Ann Arbor, MI



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